|   |  |   |                   |  |                                       |          | Application or Docket Number        |                        |                |                                 |                        |  |
|---|--|---|-------------------|--|---------------------------------------|----------|-------------------------------------|------------------------|----------------|---------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOF<br>Eff ctive December 29, 1999           |  |   |                   |  |                                       |          | , 09                                |                        |                | 611334                          |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |  |   |                   |  |                                       |          | SMALL ENTITY TYPE                   |                        |                | OTHER THAN OR SMALL ENTITY      |                        |  |
| FOR   |  | NUME                                      | NUMBER FILED      |  | NUMBER EXTRA                          |          | RATE                                | FEE                    |                | RATE                            | FEE                    |  |
| BASIC FEE   |  |   |                   |  |                                       |          |                                     | 345.00                 | OR             |                                 | 690.00                 |  |
| TOTAL CLAIMS  |  | 1/  | minus 2           | 0= •   | •                                     |          | X\$ 9=                              | 7                      | OR             | X\$18=                          |                        |  |
| INDEPENDENT CLAIMS  |  | AIMS /                                    | minus 3           | 3 = .*   | •                                     |          | X39=                                | /                      | OR             | X78=                            |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                   |  |                                       | t        | +130=                               | /                      | OR             | +260=                           |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                   |  |                                       | L        | TOTAL                               | 200                    | OR             | TOTAL                           |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                   |  |                                       |          | 10.7.2                              | 21.7                   | 10.1           | OTHER                           | THAN                   |  |
| (Column 1) (Column 2) (Column 3).   |  |   |                   |  |                                       |          | SMALL                               | ENTITY                 | OR             | SMALL                           |                        |  |
| NTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                      |          | RATE                                | ADDI-<br>TIONAL<br>FEE |                | RATE                            | ADDI-<br>TIONAL<br>FEE |  |
| DME   | Total  | · 2                                       | Minus             | 20   | =                                     |          | X\$ 9=                              | _                      | OR             | X\$18=                          |                        |  |
| AMENDMENT   | Independent                                    | . 2                                       | Minus             | 3  | =                                     | ľ        | X39=                                |                        | OR             | X78=                            |                        |  |
| ٧   | FIRST PRESE                                    | NTATION OF                                | MULTIPLE DEP      | PENDENT CLAIM  |                                       |          | 400                                 |                        |                | +260=                           |                        |  |
|   |  |   |                   |  |                                       | L        | +130=                               |                        | OR             | TOTAL                           |                        |  |
|   |  |   |                   |  |                                       |          | ODIT. FEE                           |                        | OR             | ADDIT. FEE                      |                        |  |
|   |  | (Column 1                                 | )                 | (Column 2)<br>HIGHEST  | (Column 3)                            |          |                                     | 1001                   |                |                                 | 4001                   |  |
| AMENDMENT B   | -1   | REMAINING<br>AFTER<br>AMENDMEN            |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                      |          | RATE                                | ADDI-<br>TIONAL<br>FEE |                | RATE                            | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | • 2                                       | Minus             | 20   | ~                                     |          | X\$ 9=                              |                        | OR             | X\$18=                          |                        |  |
|   | Independent                                    | · 2                                       | Minus             | ··· 3  | 3                                     |          | X39=                                |                        | OR             | X78=                            |                        |  |
| F   | FIRST PRESE                                    | NTATION OF                                | MULTIPLE DEI      | PENDENT CLAIM  |                                       | ا<br>ا   | +130=                               |                        | OR             | +260=                           |                        |  |
|   | ,  |   |                   |  |                                       | ,        | TOTAL<br>ADDIT. FEE                 |                        | OR             | TOTAL<br>ADDIT. FEE             |                        |  |
|   |  | •   |                   |  | •                                     | •        |                                     |                        |                |                                 |                        |  |
| ENT C   |  | (Column 1 CLAIMS REMAINING AFTER AMENDMEN |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                      |          | RATE                                | ADDI-<br>TIONAL<br>FEE |                | RATE                            | ADDI-<br>TIONAL<br>FEE |  |
| 100   | Total  | •   | Minus             | ••   | =                                     |          | X\$ 9=                              |                        | OR             | X\$18≈                          |                        |  |
| AMENDMENT   | Independent                                    | ٠   | Minus             | ***  | =                                     | <b>]</b> | X39=                                | <u> </u>               | OR             | X78=                            |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |  |                                       |          |                                     | $\vdash$               | 1              |                                 | 1                      |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                   |  |                                       |          | +130=                               |                        | OR             | +260=                           | <u></u>                |  |
| ••  | If the "Highest Nu                             | mber Previousi                            | y Paid For IN THI | IMN 2, Write O IN C<br>IS SPACE is less the<br>IS SPACE is less the<br>Independent) is the | an 20, enter "20<br>van 3. enter "3." |          | TOTAL<br>ADDIT. FEE<br>and in the a |                        | OR<br>ox in ca | TOTAL<br>ADDIT, FEE<br>olumn 1. |                        |  |